

GEORGIA DEPARTMENT OF AGRICULTURE CONSUMER PROTECTION DIVISION 19 MARTIN LUTHER KING JR. DRIVE ATLANTA,GA 30334

GARY W. BLACK COMMISSIONER

FOOD SALES ESTABLISHMENT LICENSE APPLICATION

The state of the s	NEW	П	RENEWAL			DATE
	INEW	<u>Ш</u> '	KENEWAL			FIRM TELEPHONE #
FIRM NAME (DOING BUSINESS AS)						FIRM FAX#
CORPORATION NAME (AS FILED WITH THE SECR	ETARY OF STATE)					CONTROL NO.
PHYSICAL ADDRESS OF FIRM				CITY	COUNTY	ZIPCODE
EMAIL ADDRESS						
MAILING ADDRESS OF FIRM (IF DIFFERENT	T FROM ABOVE)			CITY	STATE	ZIPCODE
REGISTERED LEGAL AGENT - REPRESENTING T	HIS BUSINESS (AS FILE	D WITH THE	SECRETARY OF S	STATE)		
REGISTERED AGENT ADDRESS				CITY	COUNTY	ZIPCODE
VEHICLE IDENTIFICATION NUMBER FOR ROLLING STORE/MOBILE VENDING (862 & 867 - Tier 1		HICLE TA	G	MAKE	MODEL	YEAR
OTHER FIRM NAMES USED:						
IS THE FIRM A SUBSIDIARY OF ANOTHER I	FIRM?			*IF YES, LIST NAME A	ND COMPLETE	
	YES*		NO	ADDRESS BELOW		
NAME						
ADDRESS				CITY	STATE	ZIPCODE
ADDRESS TYPE OF OWNERSHIP INDIVIDUAL	PARTNERSH	IIP (CORPORATION			
LLC OWNER / PARTNERS / CORPORATE OFFICERS (PRESIDENT. VICE PRES	SIDENT, SEC	RETARY, ETC.)		SAL	ES TAX ID #
NAME (PLEASE PRINT)					TITLE*	
AME (PLEASE PRINT)					TITLE*	
APPLICANT'S PRINTED NAME		SIGNATUI	RE			TITLE*
Annual License fees based on Tier Risk Lev Firm Type Code for Rolling Stores (862 & 86 MAKE CHECK OR MONEY ORDER PAYABL	67) -\$100)	
Inspector to fill out information below (REPORT OF C		ARTIMETET C	or Actionation		ACCOUNTIN	G CODE: 09-02 421 021 202
DATE RECEIVED CHECK DATE	CHECK NUM	IBER (CHECK AMOUNT	:	VOUC	HER NUMBER
DISTRICT ESTABLISHMENT # REMARKS	FIRM TYPE CC & TIER	DDE I	NSPECTOR			OR CHANGE on in remarks section
1-New Firm 2-Change in Ownership 3-Change in Firm Name 4-Change in Corporation Name 5-Change in Physical Location	WAT	ER SOUR	CE:	6-Change in Address 911 7-Change in Firm Type Code 8-Change in Territory 9-Out of Business 10-License Application Update		
	PUBLIC		PRIVATE			REV 1/10/2011